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AUTHOR Guagenti-Tax, Elena; Mulvihill, Lee
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ABSTRACT

This paper describes an evaluation of a prevocational Work Experience Project called New Leaf, which offers unemployed homeless men and women the opportunity to acquire essential work-related social and employment skills in connection with vocational and educational services and drug-free treatment in a therapeutic community. The evaluation covers 11 months during which 142 men and women received on-site work experience and prevocational training while living in 18-month residential therapeutic communities that provide drug treatment services, transitional housing, and support services. The evaluation used a description evaluation approach with multiple outcome measures to assess changes that occurred as a result of project participation. Data collection consisted of information provided by participants in interviews with a trained research assistant, repeated measure ratings made by project staff using seven test instruments, and employment and housing status information. Results indicate that: (1) 61 percent of the participants remained in the program for the first 21 days; (2) 87 percent of 90 eligible participants maintained a positive Work Experience rating for 7 of 13 weeks; (3) 28 percent of 90 eligible participants made measurable progress toward employment; and (4) of 2 participants who completed the program and were eligible to seek outside employment and permanent housing, 1 was able to find a stable job and both found permanent housing. Included are eight tables.
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Argus Community, Inc.

760 East 160th Street

Bronx, NY 10456

212-993-5300

ED351407

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and Work Quality among Substance Abusers Attending the New Leaf
Program.*

THE NEW LEAF PROGRAM

Presented at:

***Eastern Evaluation Research Study
Fifteenth Annual Conference
Wilmington, Delaware***

May 18, 1992

Presented by:

***Elena Guagenti-Tax D.S.W.
and
Lee Mulvihill***

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ABSTRACT

TITLE: *Improved Work Readiness, Work Attitudes, Interpersonal Relations, and Work Quality among Substance Abusers Attending the New Leaf Program.*

The objective of this evaluation paper is to (1) disseminate the results of New Leaf's second-year prevocational Work Experience Project which offers unemployed homeless men and women the opportunity to acquire essential work-related social and employment skills, and (2) describe how Argus Community, Inc. evaluated the success of this prevocational model when it is augmented by traditional vocational and educational services and drug-free treatment in therapeutic community (TC) environments.

PROGRAM DESCRIPTION

New Leaf's target population is hard-to-serve homeless men and women with a history of substance abuse including those with mental health problems who are participating in drug-free residential treatment.

After the Orientation Phase of residential treatment, participants begin basic skills and prevocational training in the New Leaf's Work Experience Project. Upon completing the 3-month Work Experience Project, the Treatment Team assesses whether the residents will

- a. continue in the project for another 3-month cycle,
- b. enroll in an outside vocational training program,
- c. enroll in an outside educational program,
- d. enroll in sheltered employment, or
- e. obtain competitive employment.

During this period, participants continue to reside in the TC and receive support services provided by New Leaf. After 18 months, participants move to permanent housing but receive aftercare services for at least 6 months. Upon graduating, all are employed or enrolled in sheltered workshops, and have permanent housing.

METHODOLOGY

The scope of this evaluation covers 11 months, from May 1, 1991 to March 31, 1992, when one hundred forty-two men and women received on-site work experience and prevocational training while living in 18-month residential therapeutic communities which provide drug treatment, transitional housing, and support services.

This is a descriptive evaluation utilizing multiple outcome measures to assess change as a result of project participation. The specific focus is on change-over-time utilizing a repeated measure design. Participants were tested for subgroup differences and Project Year-I and -II comparisons using logistic regression, analysis of variance, t-tests and/or chi square to test particular hypotheses.

Data collection involved information provided by participants in interviews with a trained research assistant and by repeated measure ratings made by project staff.

The following data sources were used during project operation to evaluate the New Leaf Program: 1) Cooperative Client Demographic Information Program (Row Sciences, 1989), 2) Addiction Severity Index (Fuerman et. al 1990), 3) Circumstance, Motivation, Readiness and Suitability for Treatment Scale (DeLeon, 1984), 4) Rosenberg Self Esteem (Rosenberg, 1962), 5) Worker Profile (Ellein, 1989), 6) Work Environment Scale (Moos, 1981), 7) Participant

Satisfaction Questionnaire (Guagenti-Tax, 1988), 8) Employment Status, and 9) Housing Status.

RESULTS

Eleven months into the initiative year and two years into the New Leaf Program, we can tentatively conclude that New Leaf offers an effective approach to the training of the homeless populations we serve. Based on the outcomes, we recognize, however, that further fine-tuning is necessary.

We have chosen a number of objective yardsticks to measure program effectiveness: enrollment and retention in the New Leaf Program and Work Experience Project, retaining outside jobs/vocational programs and housing, maintaining a positive work rating, improved *Worker Profile* scores from baseline scores, and *Work Environment Scale* and *Participant Satisfaction Questionnaire* ratings. Based on these yardsticks, the numbers, though incomplete because the initiative year still has one more month before completion, are favorable, exceeding our projected outcomes.

- To date, 142 participants have been enrolled. We projected an enrollment of 160 which we will have met by the end of the contract year.
- We projected that 50% of 160 participants would remain in the New Leaf Program during the first 21 days. In actuality, 61% of 142 participants remained for the first 21 days.
- We had expected 60% of 160 participants would maintain a positive Work Experience rating for at least seven out of 13 weeks. In actuality, 87% of 90 participants met this goal.

- We had anticipated that 20% of 160 eligible participants would make measurable progress towards employment as indicated by *Worker Profile* scores. In actuality, 28% of 90 eligible participants met this goal.
- We had anticipated that 30% of 160 eligible participants would find stable outside jobs. In actuality, 50% of 2 eligible participants met this goal.
- We had anticipated that 30% of 160 eligible participants would find permanent housing. Actually, 100% of 2 eligible participants met this goal.

The project's effectiveness has to be assessed within the context of Argus Community's 18-month treatment programs. The outcomes reflect the fact that participants only begin employment and move into permanent housing several months after completion of the Work Experience Project. Within this framework, *Table 1* indicates that we have exceeded three of our five planned outcomes. The additional goal, retention in an outside job or vocational program for 13 and 26 weeks, cannot yet be assessed for all completed Work Experience participants (N=34). However, as seen in *Table 2*, of the 19 participants who have been out of the Work Experience Project for 13 weeks, 89% have acquired 13 week retention status in outside employment or vocational programs. Only one participant has the potential to be out of Work Experience for 26 weeks; he recently completed vocational training as a cook and is currently seeking employment.

Our project performance goal is to equip hardcore homeless unemployed men and women to find and retain stable jobs and permanent housing to the best of their potential. Because participants have low social functioning and self-esteem levels (*see Table 3*), as well as vocational/educational deficits (*see Table 4*), and poor or non-existent work experience, we must

be realistic about the outcomes among this service resistant population.

While it is our goal to deliver services within 12-18 months, the clinical staff may decide that certain individuals are not ready at that time to move out of the treatment program and into the community. These residents may remain in treatment for up to 24 months. The reason is that we are serving homeless populations -- including individuals diagnosed with psychotic disorders (*See Table 5*) -- who have long been neglected by society and by themselves and who are among the most in need of intensive, long-term social, educational, vocational, substance abuse, and mental health rehabilitation before they are sufficiently stable and ready to make emotional and behavioral changes necessary to obtain and keep a job.

The results of the *Worker Profile* scores (repeated measure) were encouraging. *Table 6* revealed that substantial behavioral and attitudinal change did take place as a result of the Work Experience Project within the larger context of the drug-free, structured, mutual self-help TC environment. Ninety participants improved in 19 areas: accepts change in work assignment, accepts responsibility, general disposition, initiative, sufficiently alert and aware, willingness to accept disagreeable tasks, appears comfortable in social interactions, approaches supervisory personnel with confidence, cooperation and rapport with supervisors, discusses personal problems with supervisors only if work related, displays good judgement in playing practical jokes, expresses likes and dislikes appropriately, leadership skills, listens while other persons talk, seeks out co-workers as friends, acknowledges errors and corrects them, learns new assignments quickly, needs virtually no direct supervision, and productivity.

- *Subgroups Comparisons*

New Leaf participants consisted of two main subgroups: homeless mentally ill chemical abusers with at least two psychiatric hospitalizations and a substance abuse history (MICAs); and homeless drug addicts without major psychiatric diagnoses beyond substance abuse and personality disorders. Of the 90 who participated in the Work Experience Project, 64% were SUBSTANCE ABUSERS and 36% were MICAS.

Significant differences in outcomes for the two groups were noted (*see Table 7*). The SUBSTANCE ABUSERS made improvement in some areas, but not in others. SUBSTANCE ABUSERS significantly improved in four areas of the *Worker Profile* assessment; they were, appears comfortable in social interactions, approaches supervisory personnel with confidence, displays good judgement in playing practical jokes, and seeks out co-workers as friends. SUBSTANCE ABUSERS made no significant improvement in 37 areas of the *Worker Profile*. More specifically, they did significantly poorer in Work Readiness. MICA participants scored significantly higher on the majority of *Worker Profile* items.

Program differences revealed that another TC (OTC) participants, all of whom are SUBSTANCE ABUSERS, scored significantly poorer in the Work Readiness domain -- attendance and punctuality -- compared to Argus IV and Harbor House participants. We are taking a look at the reasons for these differences which may be related to start-up problems associated with integrating a group from another program into New Leaf. We anticipate that the addition of a Program Coordinator to deal with day-to-day issues will help resolve such problems.

Of those receiving positive job rating (87%) for 7 out of 13 weeks, no differences were found between MICAS and SUBSTANCE ABUSERS.

The *Work Environment Scale* and *Participant Satisfaction Questionnaire* (exit interview) provided valuable insights. *Work Environment Scale* results showed that participants scored above average on the System Maintenance and Change, and the Relationship dimensions. Involvement and Work Pressure sub-scales were below average.

A sizable majority of participants felt the Work Experience Project overall was helpful. The most helpful other activity cited by participants was the New Identity Process (NIP), a therapy group provided in the Treatment residences. NIP groups enable participants to express and identify feelings long locked away behind the facade of street images and acting out behavior. Once these feelings can be expressed as feelings, maladaptive attitudes and behavior can be addressed and dealt with.

Participants also found the New Leaf Work Issues groups helpful. In both the NIP and Work Issues groups, participants are able to verbalize their fears of the workplace in a supportive environment and are, therefore, better prepared to face the demands and stress of the working world.

Participants' suggestions to improve the program were well received by the staff. Plans to incorporate their suggestions have already begun. For example, more participants are working in the Copy Shop now that orders have increased and new lighting and air conditioning have been installed. Staff is also responding to participants' complaints that the program is too soft on them, and they have begun to make more demands.

The persistence of the *Circumstance, Motivation, Readiness and Suitability Scales (CMRS)* correlates of short- and long-term retention remains to be explained. Only 3 (6%) of all *CMRS* variables were significantly related to retention. Our analysis indicated that pre-treatment fear of going to jail was the most significant *CMRS* variable related to retention. No difference was found between demographics and program differences on retention. Significant differences were found between those residents who participated in the Work Experience Project and those who did not. Those who did not attend the Work Experience Project had a 2.3 times greater risk of dropping out of treatment than those who did participate in Work Experience.

- *Contract Year Comparisons*

No significant differences were found on Employment and Housing outcomes and *Participants Satisfaction Questionnaire* responses in terms of the two contract years under evaluation.

Worker Profile significant differences indicated that Year-I participants improved over Year-II participants after one- and two-month project completion. No differences were found after three-month completion.

Cooperative Client Demographic Information Program (CCIP) differences were found because women entered the project for the first time during the initiative year. A higher proportion of Hispanics was also noted. Both differences were due to enrollment of participants from OTC, a Hispanic program for both sexes.

Another interesting difference between the two years is that during FY91/92, 47% of New Leaf participants reported that mental illness was a barrier to employment compared to

21% during the start-up year. Forty-three percent of the MICA participants were referred from state psychiatric hospitals which only take the most impaired individuals into treatment.

The *Work Environment Scale* yielded significant differences in Involvement, Peer Cohesion, Task Orientation and Work Pressure; Year-I participants scored significantly higher on these sub-scales. Year-II participants scored higher on Physical Comfort. We believe the problem of absorbing new participants, including women, from another TC, is the major reason for some of the differences between the two years. The improvement in Physical Comfort in the second year is an objective reality as we improved the worksites by putting in shades in the Greenhouse and improving the Copy Shop site.

- *External Comparisons*

External comparisons are not relevant as there are no other programs, to our knowledge, in which comprehensive educational/vocational services and work experience are incorporated within a TC treatment modality. Nor do we know of vocational programs offering drug-free treatment, mental health services, and a full range of comprehensive support services, under one roof, such as Argus Community provides. While drug-free treatment residences expose participants to valuable work experience through job functions such as cleaning, cooking, maintenance, operating treatment facilities, as well as supervisory, reception, and secretarial duties, these remain, for the most part, "house" duties carried out within the treatment facility. The New Leaf Work Experience, on the other hand, provides opportunities for working in a real job in a real workplace generating produce, products, and revenues. In the New Leaf Work Experience, the climate is not one of treatment, but of a real workplace to the greatest degree possible.

Nor do we know of any vocational programs offering drug-free treatment, mental health services, and the full range of comprehensive support services Argus provides, still less integrating these into vocational training.

Finally, we do not know of any other program providing treatment to MICAs within a TC, using the TC approach, tools, and structure. We have integrated TC treatment with mental health services, and we are also training this population for work (whether in unsubsidized jobs or in sheltered or supported workshops) using the same learning-to-work-by-working approach we are using for SUBSTANCE ABUSERS. To our knowledge, this has not been done before.

- *Support for Statements*

The statements made in this section reflect our 24 years' experience running drug-free treatment programs for hardcore street addicts, including homeless substance abusers, as well as the data we have collected about New Leaf participants during the past two years.

In addition, studies underwritten by (NIDA) have shown that drug-free TCs, as well as outpatient and methadone maintenance programs, are effective models of treatment for hardcore substance abusers in terms of drug abuse and involvement in crime, but these studies found relatively smaller changes in the employment picture after treatment. Higher levels of post-treatment in employment were found in outpatient clients who had the highest levels of employment before entering treatment. Significantly, hardcore addicts treated in publicly funded drug-free therapeutic communities were the least likely to be employed full-time in the year before treatment (15%) but increased their employment dramatically after three months in treatment (36%). These levels declined by the second year after treatment to 21%. Three to five

years after treatment, however, full-time employment was maintained by 39%, more than double pre-treatment levels. While there were gains in employment by those who received TC treatment, employment gains were not consistent or large compared to other benefits accruing from treatment (less involvement in drugs and crime) (Hubbard et al., 1989).

Employment before treatment was a major predictor of employment after treatment. Also, clients who remained in residential treatment for one year or more were almost twice as likely to hold full-time jobs as clients who remained less than one week. These findings indicate that drug-free residential treatment can increase the chances of becoming a fully productive member of society. However, the relatively small gains, we believe, point to the need for comprehensive vocational programs and on-site work experience projects, such as New Leaf, in drug treatment programs generally.

In designing New Leaf, we had hypothesized that employment outcomes for hardcore homeless drug abusers could be improved by augmenting traditional TC vocational programs with work experience, such as the New Leaf. In order to succeed, however, the work experience should be integrated into a comprehensive vocational/educational track and delivered concurrently with treatment and housing tracks.

The data we are collecting on New Leaf, though preliminary, leads us to believe we are on the right track, and we will confirm our hypothesis.

CONCLUSIONS AND RECOMMENDATIONS

A close analysis of the data collected in the initiative year confirms the tentative conclusions reached in last year's evaluation. Such differences as there are between the two years appear to be accounted for by modifications in the program or problems arising from the

enrollment and integration of a group of trainees from another TC program (OTC).

An unexpected finding was that a large majority of Work Experience Project participants (82%) stated that we did not make sufficient demands on them and that the work was too easy. However, staff report that, on the job, participants frequently complained about being made to work too hard. We cannot, as yet, draw any fruitful conclusions from this finding. We are studying the disparity in participant reports and looking at workplace demands to determine whether we should step up demand or ease off. It may be that complaints of working too hard represent nothing more than "normal" grumbling and griping about a job. A worker can gripe and at the same time wish to be accorded the dignity of being given tasks that are challenging and demanding.

It is also interesting to note that participants asked for more actual skills training to help them find jobs. This may have arisen from a misunderstanding of the purpose of the New Leaf Work Experience which is a prevocational program to prepare participants for employment, socially and behavioral, as the first step towards vocational training. We are clarifying our Orientation presentation accordingly, and will stress the fact that learning to be a punctual, reliable, responsible person is a prerequisite for holding a job, no matter how many other skills one may have mastered. The request for skills training is positive, suggesting that participants are beginning to think about work as part of their futures.

Last year's most important finding was that the New Leaf training approach is effective for even the most severely dysfunctional group of the homeless and unemployed -- MICAS -- and that this group, contrary to expectations, can be successfully trained for employment and independent living at the highest level of which they are capable.

This year, MICAs again responded well to the Work Experience Project. Their positive response to the program and request that we make more demands on them is significant given the fact that the number of mentally ill individuals among the homeless in general is rising. *Tables 3, 4 and 5*, providing demographics on Argus clients, shows that the homeless population we are serving is seriously impaired. Forty-three percent of the MICA participants are referred from state psychiatric hospitals. It is encouraging that the data shows such a positive response from this population.

Interestingly, this year's evaluation supports our basic hypothesis that vocational training for the hard-core homeless unemployed is ineffective if it is not delivered concurrently with treatment and housing services *based on a close and on-going relationship between TC, housing, and vocational staff*. We continue, in meetings and staff development, to ensure that staff from the various disciplines see themselves as members of a team working toward the overall goal of rehabilitation and independent living. The task of creating and maintaining an integrated approach is on-going.

The data reflects the problems that developed as we began to enroll individuals from another TC (OTC). Even though the OTC provides compatible treatment and housing services to their residents, the OTC staff did not have as close a relationship to the New Leaf staff as we would have liked. There were problems in communication and few staff interactions which had a negative impact on OTC's New Leaf participants. OTC staff were not sufficiently attuned to the concepts, purpose, and practices of the Work Experience Project. As a result, their participants' attendance and punctuality were poor. Compared to Argus participants, they were significantly more confused (65%) about their role in New Leaf, even though both groups went through the

same New Leaf orientation. The difference was that Argus treatment staff continually reinforced the New Leaf ethos, whereas the OTC staff did not. We are attempting to overcome these problems, or at least to mitigate them.

As we have noted elsewhere, TC personnel have successfully focused on treatment issues, but have been slow to recognize the place of prevocational training and vocational issues in treatment. We have devoted much time to training our own TC staff in this respect. We are now working to draw OTC staff into a better understanding of the concepts of the Work Experience Project and closer partnership with New Leaf staff.

Organizations developing job training programs for homeless populations with multiple needs should be aware that support services are effective only if they are fully integrated into job training. Secondly, all staff members concerned must work together as a team.

Another problem which we are remedying is germane to job training for hardcore unemployed and homeless individuals. During the initiative year, we followed a policy of enrolling participants into the New Leaf Work Experience Project as soon as they were admitted into treatment in the TC. Given their many educational, vocational, and behavioral problems, we believed that the sooner we began to address these issues, the better. Immediate enrollment in Work Experience proved to be a mistake, however, since participants coming straight off the streets, from shelters and psychiatric facilities, are not ready for Work Experience. More time was needed for them to become acclimatized to treatment, to commit to drug abstinence, to take the first steps towards bonding with staff and peers, and to make a commitment to the program. We were asking them to bite off more than they could chew.

In addition, since all TCs experience a high dropout rate during the first month, the policy of early admission impacted negatively on the dropout statistics in the Work Experience Project -- about 50%. This figure is attributable largely to the number of residents who dropped out of treatment during that period. The general TC dropout rate is approximately 50% during the first two months. Perhaps we should have realized this in the first place, but at least we have learned from our experience that TC residents need *at least* a 30 days' orientation period before admission into Work Experience.

This negative outcome was counterbalanced by our discovery that the risk of leaving the residential treatment program for those who did not attend the Work Experience Project was 2.3 times greater than for those who did, a further indication of the close interaction between treatment and prevocational training.

Several problems, now resolved, as well as the on-going development of new worksites during the initiative year probably had some affect on outcomes. We now have four worksites: the Greenhouse, Open Garden, Copy Shop, and the Herbal Vinegar and Dried Herb Enterprise. At the beginning of the year, however, the Copy Shop was not fully utilized and continued so until we were able to generate a sufficient amount of orders to provide real work and work experience. We developed the Herbal Vinegar and Dried Herb Enterprise in the latter part of the year. Since the outdoor garden is operative only for six months, participants worked mainly in the Greenhouse.

Other problems diverted staff attention. Among these was the issue of security for a Greenhouse located in the heart of the South Bronx. After several minor break-ins, time and energy were spent making the facility secure and putting in an alarm system, after which we had

no further break-ins. Also, there were horticultural setbacks due to weekend watering problems, insect and fungus infestations in the plants, finding horticulturists knowledgeable in their own field who could also work with our population, and learning which plants and herbs would sell in the Green Market. Though troublesome to the smooth functioning of the worksites, these problems did expose participants to the realities of the workplace.

Nevertheless, this year, we again exceeded our stated project goals for both Argus SUBSTANCE ABUSERS and MICAS. The *Worker Profile* data shows marked attitudinal and behavioral improvements in a number of areas, though in others there were no changes, and we, as an agency, need to take a look at these. We were least successful with the OTC clients for the reasons stated above.

Finally, the growing knowledge base we are developing about the needs and deficits of hardcore unemployed and homeless individuals confirms that these individuals manifest major behavioral problems, poor interpersonal skills, lack of belief in their abilities and prospects, and a profound lack of coping skills and personal organization. Overcoming these problems is not easy and will not happen overnight. However, our two-year experience with a Work Experience Program, in which the focus is on addressing such emotional and behavioral problems, is promising. It gives every indication that homeless SUBSTANCE ABUSERS and homeless MICAS can refocus their lives and be trained for stable employment and housing or for work in sheltered workshops or independent living in a supportive environment.

To sum up, analysis of the second year of the New Leaf Work Experience Project confirms last year's conclusions:

1. Severely and persistently mentally ill individuals can be successfully trained to work in competitive, supported or sheltered employment *if they receive services in a structured drug-free community environment which fosters self-help, motivation, positive cognitive and behavioral changes, and responsibility for self-management, including self-administration of prescribed medication.*
2. Homeless unemployed SUBSTANCE ABUSERS can also break the revolving door syndrome of sporadic employment, substance abuse, and homelessness if employment training is incorporated within the same self-help environment.
3. Substance abuse and mental health treatment, social learning, job training, and housing services must be integrated into a holistic program under one roof, to the greatest extent possible. If these services are offered separately under several auspices, or added on as an afterthought, they are unlikely to succeed.

Other key factors of a job training program for these two populations are:

4. Focus on social learning.
5. Inclusion of remedial education components.

● *Recommendations*

We recommend the following, based on the conclusions we have reached at the close of the second year of running a Work Experience Program for hard-core unemployed and homeless individuals:

1. While MICAS and SUBSTANCE ABUSERS can be intermingled in a Work Experience Project, we recommend that the populations should receive treatment in separate residences, designed to address the treatment needs of each group. For example, the psychiatric treatment and medication provided in Harbor House, the MICA program, are expensive. The substance abuse program does not require extensive psychiatric services or an R.N., and is, therefore, less costly.
2. We recommend assessment and individual treatment and vocational/educational plans, as well as housing and discharge plans for all homeless persons.
3. We recommend that social learning in the broadest sense of the phrase be a core component of all job training programs for drug abusing and mentally ill persons. It must address substance abuse and psychiatric as well as such problems as poor interpersonal skills, alienation and hostility, lack of self-care, lack of belief in abilities and prospects, and lack of understanding of the demands of the work place. Job skills training programs which do not make social learning the primary focus of their programs are extremely unlikely to succeed in their goals of providing stable employment and housing for the homeless. The Work Experience Project is a prototype of what we believe such a program should embody.

4. We recommend that remedial education, basic literacy classes, and GED preparation be integrated into job training projects. A large number of hardcore homeless individuals suffer from serious educational deficits including learning disabilities and low reading levels. Persons who cannot read, or read poorly, find it difficult to function in today's society and cannot be trained for stable higher-level, higher-paying jobs.
5. We recommend that job training be integrated into a holistic rehabilitation program which includes, at a minimum, substance abuse and mental health treatment, social learning, and housing services. If offered separately or added on as an afterthought, such services are unlikely to succeed. The most successful environments are those, such as therapeutic communities (TCs), which foster self-help, motivation, positive cognitive and behavioral changes, and responsibility for self-management. They offer the greatest chance for effecting long-term success.
6. We recommend that work experience projects be introduced into facilities for the mentally ill and other dysfunctional homeless individuals. Institutions have tended to treat the mentally ill as persons who need to have things done *for* and *to* them. Our experience with the mentally ill at Harbor House has shown that they respond positively to the TC mutual self-help model and to the New Leaf comprehensive educational/vocational program, and to Work Experience training.

We recognize that programs such as we are recommending cannot be implemented without multiple funding and commitment from several agencies. The New Leaf program, for example, is funded by two federal agencies, the Department of Labor and the Department of

Housing and Urban Development. Residential treatment of SUBSTANCE ABUSERS at Argus is funded by the NYS Division of Substance Abuse Services (DSAS) and by Public Assistance. The MICA program at Harbor House receives funds from DSAS, HUD, and Medicaid.

Our final recommendation last year was that the various agencies at the national level which are attempting to deal with the problems of homelessness, substance abuse, mental illness and unemployment take steps to integrate their efforts. We understand that the Secretary of Labor is planning to sign the Memorandum of Understanding previously signed by the Secretary of Health and Human Services (HSS) and the Secretary of Housing and Urban Development (HUD). We applaud what we believe is an important step toward integrating the delivery of human services and housing by the federal agencies most closely involved with the homeless.

Scarcity of housing, substance abuse, mental illness and joblessness, as well as physical illness, all contribute to the homelessness which has become a shameful fact of American life. The solution does not lie in any one area. Once assessed, individuals need holistic treatment under one roof. During the year since we presented our last research report, a growing number of reports on the homeless have recognized the multiple needs of these individuals, particularly those who are mentally ill. These studies have reached the conclusion that careful assessment and integrated services are needed. One of these reports, Outcasts on Main Street (1992), by the Task Force on Homelessness and Severe Mental Illness representing the Federal Departments most directly involved with the problems, HUD and HHS, was written to stimulate and guide future national efforts to abate and end homelessness among severely mentally ill persons. Among its recommendations are:

- Promotion of a truly integrated system of care

- Federal interagency initiatives such as memorandums of understanding and incentives which would provide grants to the States, address knowledge gaps and stimulate policy and program development in meeting the rehabilitation and job training needs of the homeless mentally ill population.

Based on our experience in treating and training homeless persons, we heartily endorse these recommendations.

● *References*

Hubbard, R.L., M.E. Marsden, J.V. Rachel et al.: Drug Abuse Treatment; A National Study of Effectiveness. The University of North Carolina Press: 1989.

Outcasts On Main Street. Report of the Federal Task Force on Homelessness and Severe Mental Illness. Washington DC, 1992.

TABLE 1 ACTUAL V. PLANNED OUTCOMES FY 1991-92			
Outcomes	Actual f	Actual %	Planned %
Fifty percent (n=71) would drop out of residential treatment during the first 21 days. N=142	28	39	50
Sixty percent (n=54) would maintain a positive Work Experience rating for 7 out of 13 weeks. N=90	78	87	60
Twenty percent (n=18) will make measurable progress towards employment as indicated by Worker Profile Scores. N=90	26	28	20
Thirty percent (n=.6) will find stable outside jobs. N=2	2	100	30
Thirty percent (n=.6) will find stable housing. N=2	1	50	30

TABLE 2 RETENTION IN OUTSIDE EMPLOYMENT OR VOCATIONAL PROGRAM FOR 13 & 26 WEEKS BY PARTICIPANTS WITH POTENTIAL TO BE OUT OF WORK EXPERIENCE			
13 WEEKS	Retention in outside employment or vocational program	17	89%
	Potential to be out of Work Experience	19	
26 WEEKS	Retention in outside employment or vocational program	1	100%
	Potential to be out of Work Experience	1	

TABLE 3 ROSENBERG SELF-ESTEEM SCALE SELF REPORTED - ALL PARTICIPANTS	
Self-Esteem Items	Strongly Agree/Agree %
Self satisfied	47
No good at times	47
Have good qualities	95
Do things well	86
Much to be proud of	40
Feel useless	40
Person of worth	88
Want more respect	86
Feel like a failure	55
Positive attitude toward self	74

TABLE 4
ADDICTION SEVERITY INDEX SUMMARY - SELF REPORTED

Characteristic	MICA's %	Substance Abusers %	Combined %
EMPLOYMENT STATUS			
Received pay from employment within 30 days of entry	8	15	11
Had a full time job within the past 3 years	36	64	49
Were unemployed within the past 3 years	35	17	27
Were troubled by problems relating to employment	72	41	58
Stated that counseling for employment problems was important	83	69	77
DRUG AND ALCOHOL USAGE			
Use of more than one substance	32	54	43
Mean age of onset of multi-substance use	$\bar{x} = 17$	$\bar{x} = 15$	$\bar{x} = 16$
Reported crack as substance which is major problem	50	58	54
Received treatment for alcohol use	46	22	31
Received treatment for drug use	59	60	60
Bothered or troubled by alcohol problems	59	33	47
Bothered or trouble by drug problems	83	75	80
Feels treatment for alcohol problems is important	74	59	67
Feels treatment for drug problems is important	97	97	97
LEGAL STATUS			
Were referred to treatment through the court system	11	12	11
Had 1 or more incarcerations	48	56	52
Mean number of months incarcerated	$\bar{x} = 6.4$	$\bar{x} = 14$	$\bar{x} = 9.8$
Felt they had serious legal problems	35	36	35
FAMILY AND SOCIAL STATUS			
Their father had some alcohol, drug or psychiatric problems	74	58	66
Their mother had some alcohol, drug or psychiatric problems	34	28	31
Bothered or troubled by family problems	53	54	54
Bothered or troubled by social problems	54	37	46
Felt that treatment regarding family problems was important	73	74	73

TABLE 5 PRIMARY DIAGNOSIS OF CLIENTS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS MICA PARTICIPANTS N = 73		
Diagnostic Category	f	%
Psychotic Disorders	32	44
Mood Disorders	16	22
Alcohol Related Disorders	4	5
Psychoactive Substance Use Disorders	2	3
Personality Disorders	0	0
Other	5	7

TABLE 6 WORKER PROFILE STATISTICALLY SIGNIFICANT RELATIONSHIPS ALL PARTICIPANTS N = 90	
Positive Outcome Measures	
WORK ATTITUDE Accepts changes in work assignments Accepts responsibility General disposition Initiative Sufficiently alert and aware Willingness to accept disagreeable tasks	TOTAL WORK ATTITUDE ($p < .05$)
INTERPERSONAL RELATIONS Appears comfortable in social interactions Approaches supervisory personnel with confidence Cooperation and rapport with supervisors Discusses personal problems with supervisors only if work related Displays good judgement in playing practical jokes or "horsing around" Expresses likes and dislikes appropriately Leadership skills Listens while other persons talk, avoids interrupting Seeks out co-workers as friends	TOTAL INTERPERSONAL RELATIONS ($p < .05$)
WORK QUALITY/PERFORMANCE Acknowledges errors and corrects them Learns new assignments quickly Needs virtually no direct supervision Productivity	TOTAL WORK QUALITY/PERFORMANCE ($p < .05$)

TABLE 7 WORKER PROFILE STATISTICALLY SIGNIFICANT RELATIONSHIPS MICA AND SUBSTANCE ABUSER COMPARISONS N=90		
Outcome Measures	MICAs	Substance Abusers
WORK READINESS		
Attendance	p < .5	p < .05 *
Physical stamina		
Punctuality		p < .05 *
TOTAL Work Readiness	ns	p < .05 *
WORK ATTITUDE		
Accepts changes in work assignments	p < .05	
Initiative	p < .05	
Reasonable speed in task completion	p < .05	
Sufficiently alert and aware	p < .05	
Willingness to accept disagreeable tasks	p < .05	
TOTAL Work Attitude	p < .05	ns
INTERPERSONAL RELATIONS		
Appears comfortable in social interactions	p < .05	p < .05
Approaches supervisory personnel with confidence	p < .05	p < .05
Cooperation and rapport with supervisors	p < .05	p < .05
Discusses personal problems with supervisors only if work	p < .05	
Displays good judgement in playing practical jokes or	p < .05	
Expresses likes and dislikes appropriately	p < .05	p < .05
Leadership skills	p < .05	
Seeks out co-workers as friends	ns	
Shows pride in group effort	p < .05	p < .05
Shows interest in what others are doing	p < .05	
TOTAL Interpersonal Relationship	p < .05	ns
WORK QUALITY/PERFORMANCE		
Able to work without close supervision	p < .05	
Accuracy	p < .05	
Acknowledges errors and corrects them	p < .05	
Improves performance when shown how	p < .05	
Learns new assignments quickly	p < .05	
Productivity	p < .05	
Recognizes own mistakes	p < .05	
Works steadily during entire work period	p < .05	
TOTAL Work Quality/Performance	p < .05	p < .05 *

* Negative Significance

TABLE 8
PARTICIPANT SATISFACTION QUESTIONNAIRE
N = 30

Favorable Responses	f	%
Never treated unfairly in project	23	77
Prepared for job success	25	83
Project helped achieve vocational goals	22	73
Participants helped each other	27	90
Staff cares	24	80
Able to discuss problems	28	93
Staff are available	28	93
Feels confident to express true feelings	26	87
Recommends the project to a friend	26	87
Participants are friendly	28	93
Overall, felt the project was helpful	28	93